



**Statement of The Honorable Eric Coleman
Commissioner, Oakland County, Michigan**

**and First Vice President
of the National Association of Counties**

Before the

**United States House of Representatives
House Government Reform Committee**

**Hearing of the Subcommittee on
Criminal Justice, Drug Policy and Human Resources**

On behalf of

National Association of Counties

***Oversight Hearing on the
National Synthetic Drug Control Strategy***

June 16, 2006

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Thank you Chairman Souder, Ranking Member Cummings and Members of the Subcommittee. My name is Eric Coleman, I am a County Commissioner from Oakland County, Michigan, and I currently serve as the First Vice President of the National Association of Counties. I have served as a County Commissioner in Oakland County since 1996. Thank you for the opportunity to testify on the newly released Bush Administration *Synthetic Drug Control Strategy*.

About the National Association of Counties

Established in 1935, the National Association of Counties (NACo) is the only national organization representing county governments in Washington, DC. Over 2,000 of the 3,066 counties in the United States are members of NACo, representing over 85 percent of the population. NACo provides an extensive line of services including legislative, research, technical, and public affairs assistance, as well as enterprise services to its members. The association acts as a liaison with other levels of government, works to improve public understanding of counties, serves as a national advocate for counties and provides them with resources to help find innovative methods to meet the challenges they face. In addition, NACo is involved in a number of special projects that deal with such issues as the environment, sustainable communities and volunteerism.

NACo's membership drives the policymaking process in the association through 11 policy steering committees that focus on a variety of issues including agriculture, human services, health, justice and public safety and transportation. Complementing these committees are two bi-partisan caucuses—the Large Urban County Caucus and the Rural Action Caucus—to articulate the positions of the association. The Large Urban County Caucus represents the 100 largest populated counties across the nation, which is approximately 49 percent of the nation's population. Similarly, the Rural Action Caucus (RAC) represents rural county commissioners from any of the 2,187 non-metropolitan or rural counties. Since its inception in 1997, RAC has grown substantially and now includes approximately 1,000 rural county officials.

Methamphetamine

Methamphetamine or meth is a highly addictive homemade amphetamine that can be made from commonly found chemicals, such as pseudoephedrine, anhydrous ammonia, lye, phosphorous and antifreeze. Meth is an insidious drug that is cheap to produce that can be easily manufactured in virtually any setting; a car, house or deserted area. The drug can be smoked, snorted, injected or swallowed and releases an intense high for hours. Harmful long-term health risks from meth abuse include tooth and bone loss, damage to the user's brain, liver and kidneys, heart attack and stroke. Children who are exposed to the toxic chemicals during production of methamphetamine can also develop these conditions. In addition, the prolonged use of the drug, called "tweaking", can keep users up for days or weeks at a time. Consequently, the psychological side effects of meth use include paranoia, anger, panic, hallucinations, confusion, incessant talking and convulsions. Many of these lead to violent aggressive acts and suicide.

According to the 2004 National Survey on Drug Use and Health 11.7 million Americans had tried methamphetamine at least once – up nearly 40 percent over 2000 and 156 percent over 1996. In 2004, the survey notes that an estimated 1.4 million Americans regularly smoked, snorted or injected the drug.

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Historically, meth abuse was confined to the Western United States and to rural areas. However, the drug has quickly spread East and is having disastrous consequences in rural, urban and suburban communities nationwide.

Impacts of Methamphetamine Abuse on County Governments

County governments are on the front-line in dealing with the painful and costly consequences of methamphetamine abuse and production. The United States Drug Enforcement Administration estimates that 80 percent of methamphetamine is produced in “superlabs” in Mexico and California with the remaining 20 percent produced in “small toxic labs”. Since 2004, 35 states have passed laws that restrict access to pseudoephedrine. These laws have been credited with dramatically reducing small toxic meth labs. For example, the state of Iowa reported a decrease of nearly 80 percent since the passage of their law. During the height of small toxic labs and even now, these labs pose a significant risk to their community and represent the largest problem for local law enforcement.

Other costly effects of meth abuse on county governments include investigating and busting small toxic labs, incarcerating and adjudicating meth users and cleaning up former meth labs. County correction facilities are being overwhelmed by the increase in the number of meth related crimes and associated incarceration costs including mental health treatment, dental and other treatment costs. The need for and cost of county public defender services are also increasing at alarming rates because of the meth epidemic.

There are also many societal effects caused by meth abuse. In addition to broad criminal justice responsibilities, county governments are also the primary providers of public health and human services programs at the local level. In an alarming number of meth arrests, there are children living in the home. These children often times suffer from neglect and physical and sexual abuse. Additionally, as our survey demonstrates many meth users are presenting at county public hospitals without health insurance or are underinsured.

Meth labs pose a significant danger in the community because they contain highly flammable and explosive materials. Local first responders must be trained on how to identify and respond to meth labs in their communities. Additionally, for each pound of methamphetamine produced, five to seven pounds of toxic waste remain, which is often introduced into the environment via streams, septic systems and surface water run-off.

Meth abuse is a complex, difficult, growing problem that must be solved by cooperation among all levels of government and involvement by our citizenry. Since July 2005, NACo has been engaged in a national campaign to fight methamphetamine abuse. The primary objective of this initiative is to promote action by Congress and the administration to control and reduce the production, distribution and abuse of methamphetamine, including assistance to counties in responding comprehensively to the problem locally. Some of this work was completed with the passage of the Combat Methamphetamine Epidemic Act in March 2006, yet more work remains.

As part of this initiative, NACo President and Umatilla County, Oregon Commissioner Bill Hansell has appointed a cross-cutting work group that has county representatives from all perspectives of the issue. The charge of our Methamphetamine Action Group is to further assess the impacts of meth abuse on county governments, educate county officials and the public on the dangers of the

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drug and identify best practices and local approaches that address education, prevention, enforcement, cleanup and treatment of meth.

In addition, NACo will be conducting further surveys on other aspects of the methamphetamine crisis. We would welcome the opportunity to appear before this committee at a later date to discuss these findings.

This morning, I would like to make two key points:

- **First, NACo's commends the administration for now recognizing the dangerous threat posed by methamphetamine and for developing a synthetic drug strategy to deal with this threat. However, NACo believes that state and local governments and law enforcement should have been consulted during the development of this strategy.**
- **Second, NACo hopes that this strategy will translate into future budget requests for programs that are critical to fight methamphetamine abuse, such as the Justice Assistance Grant program and the High Intensity Drug Trafficking Area program.**

First, NACo's commends the administration for now recognizing the dangerous threat posed by methamphetamine and for developing a synthetic drug strategy to deal with this threat. However, NACo believes that state and local governments and law enforcement should have been consulted during the development of this strategy.

The new Synthetic Drug Control Strategy outlines a series of steps that the administration is going to take to reduce the illicit use of methamphetamine and prescription drugs. It sets to cut meth abuse by 15 percent over three years, a 15 percent reduction in prescription drug abuse and a 25 percent reduction in domestic methamphetamine labs over three years.

The development of a plan is an encouraging step to NACo because of the administration's acknowledgment that meth poses a danger across the nation. Since July 2005, NACo has been a leader in developing new research on the impact of methamphetamine on communities and county services. These surveys have demonstrated that there is a national meth crisis and that it requires national leadership to meet the challenge.

In the first survey, entitled, *The Criminal Effect of Meth on Communities*, is based on results from 500 county law enforcement agencies from 45 states. The counties that participated in the survey are representative of all counties nationally based on population and regional representation.

Of the 500 responding law enforcement agencies in the survey, 87 percent report increases in meth related arrests starting three years ago. The states reporting a 100 percent increase in meth related arrests during the last three years include Indiana, California, Minnesota, Florida and Ohio. Furthermore, Iowa and Mississippi reported a 95 percent increase and Illinois and North Dakota reported a 91 percent increase.

Additionally, 58 percent of county law enforcement agencies reported that meth is their largest drug problem. Meth outpaced cocaine at 19 percent, marijuana at 17 percent and heroin at 3 percent. In certain regions of the country, the percentages are even higher. In the Southwest, 76 percent of the

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counties said that meth is the biggest drug problem. In the Northwest, 75 percent said it was the top problem and by 67 percent of the counties in the Upper Midwest.

The survey showed that other crimes are increasing because of meth abuse. Seventy percent of the responding officials say that robberies or burglaries have increased because of meth use, while 62 percent report increases in domestic violence. In addition, 53 percent of respondents stated that simple assaults increased because of meth and 27 percent reported an increase in identity theft.

The increased presence of meth in many counties across the nation has increased the workload of 82 percent of the responding counties. These increased law enforcement activities from meth abuse are straining law enforcement budgets. Fifty-two percent of counties stated that they are paying more overtime, while 13 percent have changed work assignments to accommodate the increase need for policing.

Methamphetamine abuse is beginning to reach my home county, Oakland County, Michigan. The Oakland County Prosecuting Attorney's office reports that since October 2001, their office has processed approximately 30 cases involving either possession or possession with the intent to deliver methamphetamine.

The Impact of Meth on Children

As law enforcement officials are clamping down on the manufacture and use of meth, they are finding a disturbing side effect. Many children are being grossly neglected by their addicted parents and these same children are being exposed to the harmful side effects of the production of the drug if they live in close proximity to a lab.

To assess this problem, NACo surveyed 303 counties from all 13 states where child welfare activities are performed at the county level to assess the danger to children and families from meth abuse.

Forty percent of all the child welfare officials in the survey report increased out of home placements because of meth in the last year. During the past five years, 71 percent of the responding counties in my home state of California reported an increase in out of home placements because of meth and 70 percent of Colorado counties reported an increase. The results in the Midwest are frighteningly similar. More than 69 percent of counties in Minnesota reported a growth in out of home placements because of meth during the last year, as did 54 percent of the responding counties in North Dakota. In addition, 59 percent of county officials reported meth has increased the difficulty of re-uniting families.

Treating Meth Addiction

In January 2006, NACo released two additional surveys on the impact of meth on the public treatment and hospital systems. The results of these surveys show that the methamphetamine epidemic has a broad impact on county provided services and continues to devastate America's communities.

In a survey, entitled, *The Challenges of Treating Meth Abuse*, behavioral health officials in 35 states were asked about drug treatment programs and how they have been affected by the methamphetamine epidemic. The results showed that the need for treatment programs for

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methamphetamine addiction is growing. Sixty nine percent of responding officials report an increase in the need for programs in their counties because of the growing use of methamphetamine.

Also, respondents noted that treatment for meth addiction is different from other drugs. Fifty four percent of the officials report that the success rate is different and 44 percent report that the length of time in the program is longer for meth addicts. Meth users seeking treatment require special protocols and longer treatment periods than users of other drugs. If treatment programs feature usual methods, the recidivism rate of meth users is higher than for other drugs.

The majority of respondents—63 percent—felt that they lack sufficient capacity to meet the needs for meth treatment and 57 percent say the reason is lack of funding.

Emergency Room Survey

In addition, NACo examined the effect of methamphetamine abuse on the public hospital system. In recent years, uninsured and underinsured individuals presenting at county hospitals have been a constant drain on county budgets. In the most recent fiscal downturn, one of the fastest growing elements of the budgets in many counties has been its public health facilities, its hospitals and its funding for payments for uninsured residents. By state law, many counties are the providers of last resort for people who need medical help, have no insurance and have no other place to go. This uncompensated care is growing in many communities and is becoming an increasingly large component of county budgets.

In a survey entitled, *The Effect of Meth Abuse on Hospital Emergency Rooms*, NACo received responses from 200 hospital emergency room officials in 39 states about the effect of meth on county public hospitals.

The results showed that there are more meth-related emergency rooms visits than any other drug. Forty-seven percent of 200 responding hospitals say that methamphetamine is the top illicit drug involved in presentations at their hospitals. The next highest involvement reported is marijuana at 16 percent.

The vast majority of responding hospitals have experienced increases in meth-related visits over the last 5 years. Seventy three percent of hospital officials report that emergency room presentations involving methamphetamine have increased over the last 5 years, and 68 percent reported continuing increases during the last three years.

Hospital presentations for meth are draining local budgets as these patients rarely have health insurance. Eighty three percent of the emergency room officials in this survey report that people presenting at their hospitals with a meth related emergency are often uninsured. As a result, hospitals have seen costs rise. Fifty six percent of hospitals report that costs have increased at their facilities because of the growing use of methamphetamine.

Future Surveys

In July 2006, NACo will be releasing a follow-up study to our previous study on the impact of meth on the criminal justice system. In particular, NACo will ask county law enforcement officials if the dramatic drop in small toxic meth labs has led to a decrease in meth arrests. Additionally, NACo

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will survey county Juvenile Detention Directors to examine the effect of methamphetamine on the juvenile detention population and system.

Synthetic Drug Control Strategy Specifics

The administration hails the success of the 35 states that have implemented pseudoephedrine precursor legislation and the potential impact of the Combat Methamphetamine Epidemic Act. However, to our knowledge these states or the local elected officials or law enforcement representatives that pushed for these laws were not consulted during the deliberations of this strategy. This lack of input by state and local officials and law enforcement does not create the necessary “buy-in” that will be needed to effectively fight methamphetamine abuse.

Furthermore, it is in direct conflict to the administration’s statement in the strategy that, “State and local partners are crucial in carrying out the administration's strategy for the synthetic drug problem.”

Moving forward, NACo hopes this disregard for state and local stakeholders can be remedied by the four inclusive meth summits that the Office of National Drug Control Policy (ONDCP) and the National Alliance for Model State Drug Laws is planning for 2006. Additionally, NACo looks to be an active participant in the eventual White House National Methamphetamine Summit that ONDCP is planning.

In light of our lack of participation, I would like to discuss NACo’s views on the strategy’s strengths and weaknesses. Many of the overarching themes of the strategy were included in NACo testimony to the subcommittee in July 2005 and subsequent testimony before the House Energy and Commerce committee in October 2005. In particular, NACo called for a comprehensive and intergovernmental approach to precursor control, law enforcement, treatment, cleanup of former clandestine labs, prevention, education and research.

Below is a description of the overall goals contained in the strategy.

Precursor Control

While many states have dramatically reduced methamphetamine labs through precursor restrictions, the success of state laws has been offset with the ever increasing amount of meth coming in from Mexico. The challenge now is to work on the international level with importing and exporting pseudoephedrine countries to tighten supplies of bulk precursor chemicals that are diverted to Mexican superlabs. The administration plans to achieve this goal by implementing a three-pronged approach. First, they plan to acquire better information about the international trade in pseudoephedrine and similar chemicals. The second objective is to implement the Combat Methamphetamine Epidemic Act. Lastly, the administration looks to continue law enforcement and border control activities, especially along the U.S.-Mexican border.

NACo views this three-part strategy as a good attempt to limit the diversion of bulk pseudoephedrine to methamphetamine producers. In particular, as a lead proponent of the Combat Methamphetamine Epidemic Act, NACo is encouraged that the administration plans to vigorously enforce the international provisions of the bill. The Act included provisions to close the spot market loophole and for the State Department to identify the top five importing and exporting countries and certify that these nations are cooperating with United States.

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Environmental Cleanup

One of the major issues facing communities and property owners is the issue of remediating former clandestine methamphetamine labs. As I noted earlier, the U.S. Drug Enforcement Administration estimates that only 20 percent of all methamphetamine is produced in these small toxic labs. However, these labs pose a significant risk to the community and individuals present at the manufacturing or use of the drug. The labs are highly toxic and the residual contamination from the production of methamphetamine can lead to health risks and threaten the health of children and individuals who may unsuspectingly live in a former meth lab.

Currently, there are no guidelines for local governments or private landowners to follow for remediating former clandestine meth labs. Additionally, several studies by Dr. John Martyny at the National Jewish Medical Center have shown that airborne and surface contamination from methamphetamine production or use can be far-reaching. Dr. Martyny found that residual contamination could last for long periods and cause serious health concerns for those individuals and children who are exposed knowingly or unknowingly.

The administration notes that much of the development of policy and law in the area of cleanup has occurred on the state level. This statement only belies the fact that the federal government has not been a leader in assessing the environmental damage posed by former meth labs. To remedy this lack of leadership, the administration commits to release a compilation of State guidelines in January 2008 and include any relevant research. In addition, the administration pledges to draft Federal health-based guidelines for remediation in January 2011.

NACo views this timeline as unacceptable. As a lead supporter of the bi-partisan Methamphetamine Remediation Act of 2005 (HR 798 / S 2019), we feel that federal voluntary guidelines are too important to wait 5 years. The legislation would require the Environmental Protection Agency to establish voluntary guidelines on the clean-up of former meth lab sites. The legislation has passed the House by voice vote and is awaiting consideration in the Senate Environment and Public Works Committee. Passage of this legislation and subsequent funding will expedite the dissemination of cleanup standards, which are critically needed to understand the true dangers of meth contamination.

Drug Endangered Children

Across the nation, alarming rates of children are found present at clandestine meth labs. In 2003, approximately 3,000 children were found during meth lab seizures. In the Western United States, the numbers are more frightening, as Assistant United States Attorney Laura Birkmeyer noted in testimony to this subcommittee. Birkmeyer stated, that in San Diego, "Drug Endangered Children teams have taken more than 400 children into protective custody in the past 12 months. Significantly, more than 95 percent of these children came from environments where there was methamphetamine use and trafficking but where manufacturing was not occurring. Approximately 1 in 10 of these children tested positive for methamphetamine and of those the children ages 0-6 were twice as likely to test positive for methamphetamine as children aged 7-14."

To better coordinate and respond to the needs of these innocent victims, a Drug Endangered Children pilot program was started in 1997 in California. Drug Endangered Children are those children who suffer physical or psychological harm or neglect resulting from exposure to illegal drugs or to dangerous environments where drugs are being manufactured or chemicals used to make

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drugs are accessible. These harms may include injury from explosion, fire or exposure to toxic chemicals found at clandestine lab sites; physical abuse; sexual abuse; medical neglect and; lack of basic care including failure to provide meals, sanitary and safe living conditions or schooling.

A Drug Endangered Children (DEC) program is a multi-disciplinary team made up of law enforcement, medical professionals, prosecutors and child welfare workers. Team members are trained to view children found at narcotics crime scenes as crime victims. A typical scenario involves law enforcement breaking up a meth lab and contacting local child welfare officials if a child is present. The child welfare professional assesses the crime scene with law enforcement and determines if the child should be placed in protective custody. An at-risk child would then be given a medical exam, toxicology screen and developmental evaluation. The child would then be placed in a safe foster care environment. The prosecutor would then determine if child endangerment charges are appropriate. This concept bridges the gaps that often exist between these agencies. Furthermore, it represents a comprehensive approach to responding to the health risks of meth posed to children.

NACo is heartened by the administration's support for drug endangered children programs and for their commitment to continue to fund training programs through the National Alliance for Drug Endangered Children. Furthermore, NACo hopes that the administration's pledge will extend to requesting the full \$20 million for DEC programs that was authorized in the Combat Methamphetamine Epidemic Act for FY2008. This funding is critical to expand the reach of DEC programs in counties across the nation.

Prevention/Education

Educating youth on the dangers of methamphetamine abuse is critical to reducing first time meth users. Many former meth users indicate that they did not know the ingredients and dangerous consequences of the drug before their first use. NACo supports the National Youth Anti-Drug Media Campaign and the Partnership for a Drug Free America's efforts to reduce drug use through multi-media commercials. In late 2005, the Partnership released a new campaign designed specifically to reduce methamphetamine abuse and has plans to expand the campaign to an additional ten states. For this reason, NACo and a number of groups are supporting an additional \$25 million for the National Youth Anti-Drug Media Campaign for a total level of \$145 million in FY2007.

Additionally, NACo is disheartened by the increasing disparity between demand and supply reduction programs in the overall budget to fight drugs. Over the FY2001-FY2007 period, demand reduction programs have been increased by only 1 percent or \$49 million. In contrast, supply reduction programs increased by \$3.2 billion for a 66 percent increase. To effectively fight methamphetamine and other drugs, both supply and demand reduction must be emphasized.

Treatment

Despite a pervasive myth that treatment is ineffective for meth users, meth addiction can be treated similar to other forms of substance abuse. Treatment has been proven effective when it is available and the individual is willing to accept it. The Matrix Model, for example, consists of a 16-week intervention that includes intensive group and individual therapy to promote behavioral changes needed to remain off drugs.

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According to the National Association of County Behavioral Health and Developmental Disabilities Directors, a NACo affiliate, there are 22 states with county sponsored substance abuse treatment authorities. These states account for 75 percent of the nation's population.

It is disconcerting that the administration's strategy is silent on the Substance Abuse Prevention and Treatment Block Grant, which is the main source of funding for states' substance abuse programs and accounts for about 40 percent of the total public funds spent on drug abuse prevention and treatment. States receive this funding and disburse much of it to counties to fund drug treatment programs. Current year funding for the block grant is \$1.758 billion. The House Appropriations committee increased funding by \$75 million to \$1.834 billion. NACo supports this increase and would urge members of Congress to accept this funding level. This increase is critically important in light of NACo's recent survey that showed a lack of capacity at the local level to address meth treatment.

Drug Courts

NACo commends the administration for their continued support for drug court programs and their budget increase for FY2007. Drug courts represent an alternative for non-violent offenders to become drug-free through comprehensive supervision, drug testing, treatment services and intermediate sanctions.

Public Health

The administration's strategy is silent on the impact that methamphetamine is having in the public health sector. The National Institute of Drug Abuse (NIDA) notes that methamphetamine users, especially those that inject the drug and share needles, are at an increased risk to contract HIV and Hepatitis C. In addition, NIDA reports that methamphetamine can increase the libido in users, which may lead them to practice unsafe sex and lead to transmitting HIV and Hepatitis C. This data supports recent news accounts and research that this is particularly the case in urban areas with the gay population. To date, NACo has not yet examined the impacts of an increase in these and other sexually transmitted diseases on the county public health system but initial evidence shows that there is a correlation between methamphetamine use and infection.

Additionally, a consequence of methamphetamine abuse is "meth mouth", which is the rapid decay of tooth enamel. In rural America, meth mouth creates a unique problem because of the lack of dentists, endodontists and oral surgeons. According to the American Dental Association, of the 3,066 counties in the U.S., there are 250 counties without a dentist, nearly 2,200 without an oral surgeon and nearly 2,500 without an endodontist. These statistics suggest that multi-county or regional solutions must be developed to meet this gap in dental coverage across the U.S.

Second, NACo hopes that this strategy will translate into future budget requests for programs that are critical to fight methamphetamine abuse, such as the Justice Assistance Grant program and the High Intensity Drug Trafficking Area program.

The administration states, that the Synthetic Drug Control Strategy, "does not simply make recommendations for government action, but in fact commits the administration to a concrete course of action designed to achieve the aforementioned goals." NACo is hopeful that by committing to this course of action the administration will increase funding for meth-related programs in their FY2008 budget request, if not in FY2007.

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A critical element for state and local law enforcement that was not specifically mentioned is the Justice Assistance Grant (JAG) through the Department of Justice. JAG funding can be used for a variety of purposes including law enforcement, prosecution, prevention, education, drug treatment, planning, corrections and technology improvements. A growing number of counties have used JAG funds to combat the methamphetamine epidemic through multi-jurisdictional drug task forces. The program allows states and local governments to engage in a broad range of activities to prevent and control crime. It provides counties wide flexibility to prioritize at the local level and place justice funds where they are most needed.

Additionally, many counties receive Edward Byrne discretionary funding through congressional earmarks for similar programs. In FY2006, Byrne Memorial Justice Assistance Grants was funded at \$417 million while Byrne Discretionary Grants received \$192 million for a total of \$609 million. The FY2007 Bush Administration called for the elimination of the JAG program.

JAG funds can be spent on law enforcement programs; prosecution and court programs; prevention and education programs; corrections and community corrections programs; drug treatment programs; and planning, evaluation and technology improvements.

The President's budget request claims that the Byrne JAG program is not able to demonstrate "an impact on reducing crime." This is disputed by state and county studies. In 2004 alone, the National Criminal Justice Association found that JAG funds were responsible for:

- 54,050 weapons seized;
- 5,646 methamphetamine labs seized; and
- Massive quantities of narcotics removed from America's streets and \$250 million in seized cash and personal property (not including the value of narcotics seized)

JAG is only a small fraction of the massive resources state and local governments commit to criminal justice. In 2002, the latest year for which aggregate Census Bureau statistics are available, the following amounts were spent by state and local governments on justice programs:

- State Direct Justice Expenditure \$60,295,081,000
- Local Direct Justice Expenditures: \$87,251,684,000
- Total State and Local Justice Expenditures: \$147,445,745,000

JAG funding clearly does not supplant funding by state and local governments for justice and law enforcement programs. Rather, it provides minimal but essential funding that leverages state and local investment in justice programs.

NACo, along with a number of organizations, supports a level of \$1.1 billion for the Justice Assistance Grant program funding in FY2007 and urges members of the House of Representatives to support that level.

Another puzzling aspect of the strategy is that the administration highlights the benefits of shared intelligence, which is utilized in the High Intensity Drug Trafficking Area (HIDTA) program. Furthermore, the strategy states that, "intelligence-based initiatives that capture, assess, coordinate, and share information from Federal, State and local agencies are the most effective means of accomplishing this objective." This seems to be in direct conflict with the administration's proposals to cut funding for HIDTA's in FY2007 and transfer the program to the Department of

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Justice's Organized Crime Drug Enforcement Task Force. NACo supports the current year funding level for HIDTA because of the success the program has had with reducing the supply of drugs across the nation. In testimony to this subcommittee on May 23, Tom Carr, the Director of the Washington/Baltimore HIDTA, cited some of the successes of the HIDTA program. He stated that HIDTA, "yields a return on investment of \$63 for every program dollar invested, seizes \$10.5 billion in illicit drugs at wholesale value, nearly \$0.5 billion in illegal assets, dismantles and disrupts 3,538 drug trafficking organizations and money laundering operations and destroys more than 4,500 clandestine methamphetamine labs."

Moreover, in light of the major cut backs in the state and local portion of the Department of Justice budget (DOJ), NACo does not favor transferring this program to the Department of Justice. ONDCP's position within the Executive Office of the President enhances the HIDTA mission.

NACo hopes that this new strategy will lead the administration to consider increasing funding for state and local law enforcement. The JAG and HIDTA programs have demonstrated results, yet both have received cuts in the administration budget, especially JAG, which was zeroed out.

To make this strategy effective, the administration must commit resources to fighting methamphetamine and prescription drug abuse. Increased funding for local law enforcement, treatment, prevention and education are critical. Without this funding, the strategy is only a document and not a plan for action.

Conclusion

On behalf of NACo, I would like to thank Chairman Souder and Ranking Member Cummings for holding this hearing today. As our surveys have demonstrated, methamphetamine abuse has reached epidemic proportions that must be addressed in a comprehensive manner by all forms of government. NACo looks forward to working with Congress and the Administration to craft and implement such legislation.

Lastly, NACo will be conducting several additional surveys on other aspects of the methamphetamine epidemic. As I mentioned earlier, the next round of surveys will include a release of updated criminal justice data and an examination of the impact of meth on the juvenile detention system. We would welcome the opportunity to come before this committee and present our findings at the appropriate time. Again, we thank the Chairman, the Ranking Member and members of the subcommittee for the opportunity to submit testimony on the methamphetamine crisis facing the nation.